

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

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| SERIAL NO. | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | | | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|--------------|--|--|--|
| | IND | DEP | IND | DEP | IND | DEP | | | | |
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| 50 | | | | | | | 100 | | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | |